

Over  
**20 yrs**

**WEB 4v4 SCRAMBLE**  
**INDIVIDUAL Registration:**

**2018-  
2019**

Complete & Return to:  
BREAK AWAY SPORTS CENTER, INC, 5964 Executive Dr, Madison WI 53719

Player's Name	Birth Year / Grade	Parent's Name
---------------	--------------------	---------------

Address/City/Zip
------------------

Telephone (Primary)	(Alternate)	Email address
---------------------	-------------	---------------

**Adult Parent/Guardian - MUST read & sign!**

As the Registrant Parent/Guardian, I have read & understand the registration procedures listed on the website Registration Page. On behalf of the Individual listed above, I accept the responsibility that they will play according to the policies listed in the registration procedures & rules of play. Any participation to the contrary will be subject to removal from further participation without refund. I agree to allow Break Away Sports Center to contact me about soccer programs offered during the upcoming season.

X \_\_\_\_\_  
Adult Parent/Guardian Signature

**4v4 SCRAMBLE**

**Monday Jan 21**

**(Check or complete all that applies)**

- Monday Jan 21 Under 9 and U10 (DOB: 2009 & 2010)  
9am - 11:30am
- Monday Jan 21 Under 11 and U12 (DOB: 2007 & 2008)  
9am - 11:30am
- Monday Jan 21 Under U11, U12 & U13 (DOB: 2008, 2007, 2006 and any in 8th grade)  
1pm - 3:30pm

**OPTIONAL CREDIT CARD PAYMENT:** I understand that by completing and signing or authorizing the credit card information below, I authorize the payment of all fees associated with the above team registration.

Master Card                       Visa                       Discover

Card Holder Signature X \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_